

Community Support Service, Documentation & Billing 4-24-2003

Community Support Work in substance abuse programs is different from case management or community support services in psychiatric or medical settings. Like any professional in the substance abuse field, the Community Support Worker (CSW) must walk a thin line between helping and enabling. Correctly done, community support work greatly enhances treatment and its effectiveness. Poorly done, it compromises treatment and jeopardizes client recovery.

9 CSR 30-3.110 Service Definitions and Staff Qualifications	
<u>Certification Standards</u>	<u>Guidelines</u>
(11) Community Support. Community support consists of specific activities with or on behalf of a particular client in accordance with an individual rehabilitation plan to maximize the client's adjustment and functioning within the community while achieving sobriety and sustaining recovery, maximizing the involvement of natural support systems, and promoting client independence and responsibility.	<ol style="list-style-type: none">1. Community Support services in substance abuse programs should clearly and directly relate to removing obstacles to sobriety and developing supports to sustain recovery.2. Community Support services should be clinically appropriate as identified by initial or ongoing assessment and by their inclusion in the individualized treatment plan.3. Notes documenting Community Support Work must clearly tie the service to resolving a crisis, arranging necessary supports, or assisting the client toward a goal identified on the individualized treatment plan.
(A) Key service functions of community support include:	
1. Participating in the interdisciplinary team meeting in order to identify strengths and needs related to development of the individual's rehabilitation plan;	It is appropriate for discharge planning to begin at admission. A CSW could and should begin discharge planning at the time of the intake and assessment. This is an opportunity for the CSW to identify needs/goals and other activities that should be addressed prior to discharge. The CSW may bill a maximum of four (4) units for this activity. The progress note should start with the heading "Initial Discharge Planning Session." This will ensure that it is not perceived as an assessment activity and no issues will be raised concerning its appropriateness.
2. Attending periodic meetings with designated team members and the client, whenever feasible, in order to review and update the rehabilitation plan;	Unless there are unusual circumstances that are documented in the client record, CSWs should bill no more than one unit of Community Support Work per client per meeting for this service.
3. Contacting clients who have unexcused absence from the program in order to re-engage the person and promote recovery efforts;	Missed Appointments. If a client fails to appear at a scheduled program activity, staff shall initiate efforts to contact and re-engage the person in treatment. Such efforts should be initiated within forty-eight (48) hours, unless circumstances dictate a more immediate response due to the person's symptoms and functioning or the nature of the scheduled service. Efforts to contact the person shall be documented in the individual's record.
4. Arranging and referring for services and resources and, when necessary, advocating obtaining the services and quality of services to which the person is entitled;	Clients should be encouraged to arrange their own ancillary services whenever possible. If it is necessary to utilize community support services for this purpose, there should be documentation of efforts to develop the client's skills in arranging for such services in the future. Clients in substance abuse programs should become increasingly self-reliant over the course of treatment.
<u>Certification Standards Continued</u>	<u>Guidelines Continued</u>

5. Monitoring service delivery by providers external to the program and ensuring communication and coordination of services;	
6. Locating and coordinating services and resources to resolve a crisis;	
7. Providing experiential training in life skills and resource acquisition;	<p>Experiential training must directly relate to sobriety and recovery, as well as to the individualized treatment plan. It must not be something that would be more effectively and efficiently done in a group setting</p> <p>Connecting the client with community resources for a given recreational interest or activity is clinically appropriate. On the other hand, providing entertainment or diversion unrelated to the treatment plan is not the role of the professional Community Support Worker.</p>
8. Providing information and education to an individual in accordance with the person's rehabilitation plan; and	<p>Information and education must directly relate to sobriety and recovery. It must not be something that would be more effectively and efficiently done in a group.</p> <p>Connecting the client with community resources for necessary information or education that is outside the scope of substance abuse treatment is clinically appropriate; spending Community Support time educating the client on issues outside the scope of substance abuse treatment is not.</p> <p>The term "Education" in this standard is not to be confused with Academic Education for an adolescent which is a different service.</p>
9. Planning for discharge.	<p>Community Support service should be about connecting the client to recovery supports in the community to maintain long term sobriety after discharge. It is appropriate for discharge planning to begin at admission. A CSW could and should begin discharge planning at the time of the intake and assessment. This is an opportunity for the CSW to identify needs/goals and other activities that should be addressed prior to discharge. The CSW may bill a maximum of four (4) units for this activity. The progress note should start with the heading "Initial Discharge Planning Session." This will ensure that it is not perceived as an assessment activity and no issues will be raised concerning its appropriateness.</p>
(B) The following activities shall not be considered a community support unit of service:	There are tasks that a community support worker might perform that are not billable as community support work in accordance with standards. Such tasks should be documented separately from billable services.
1. Reviewing a client's record to ensure that documentation is complete or to conduct quality assurance or other program evaluation;	
2. Preparing documentation for the department's management information system or for the client's record, such as progress notes, assessment reports, rehabilitation plans and updates, and initial service plans;	Routine client orientation such as touring the facility and signing intake paperwork is not billable as Community Support services.
3. Preparing and making clinical utilization review requests;	
Certification Standards. Continued	Guidelines Continued
4. Administering client medications or observing client's self-administering	

medications;	
5. Collecting and processing urine or other specimens for purposes of drug testing;	
6. Transporting clients to and from the program;	
7. Transporting clients to appointments or other locations in the community, unless the presence of the community support worker is required to resolve an immediate crisis or to address a clearly documented need which the client has previously demonstrated an inability to resolve on his/her own;	The intent is to help the client develop the supports and skills to arrange their own transportation to appointments.
8. Routinely visiting the client in the home, unless such visit(s) is clearly and directly related to the rehabilitation plan goals;	
9. Meetings with other program staff, except scheduled meetings to develop the initial treatment plan and scheduled treatment plan reviews; and	
10. Discussions with the client regarding treatment issues that would be more appropriately addressed by individual counseling, group counseling or education, or other available service.	

Tips for THINGS TO DO:

Assist the client in connecting to free recovery support offered by friends, family and the faith community.

Connect client to self help such as AA/NA and or other community recovery resources.

Activities must be directly related to sobriety and recovery and indicated in assessment and treatment plan.

CSW progress notes must stand on their own merits, both in and out of context of the client record, as must all billable services.

Community Support services should focus on what a client needs to stay sober after treatment. Focus on the client's needs for obtaining the resources and supports necessary to maintain recovery. Ask, "Is this going to help this client stay sober"?

Communicate with referral sources and engage them in discharge planning.

Engage and re-engage clients and families in treatment.

Maximize the positive involvement of natural support systems such as employers, families, churches, and civic organizations.

Describe in straightforward language exactly what the CSW did.

Tips for things NOT TO DO:

Document non-billable activities in the same note as billable community support activities.

Try to bill community support service code for anything documented as assessment.

Do activities on an individual basis when they can better be accomplished in a group setting.

Bill community support service for counseling, psychotherapy, nursing, medication management, transportation, or routine tasks that could be accomplished by technicians, aides or secretaries.

Overuse standardized ambiguous terms such as accompanied, advocated, assisted.

Routine client orientation such as touring the facility and signing intake paperwork is not billable as Community Support services.

Not Appropriate CSW documentation	Appropriate CSW documentation
CSW went to department store discount basement in an attempt to find a dress for the client to wear to the prom. CSW had to look through racks of women's clothing in order to find the formal dresses. The dresses were separated by sizes but the winter and spring styles were mixed together.	Client approached CSW about need for Prom Dress. CSW referred client to Mom/Guardian. (Documented but not Billed)
Client and CSW discussed the NBA as a career while playing basketball.	Client needs healthy alcohol and drug free activities. CSW contacted local community recreation center to obtain information about local community recreational basketball leagues. Provided information to client.
CSW helped client catch up with math homework.	Client wants to return to public high school following discharge from residential treatment. CSW contacted client's previous school regarding client's discharge school plans.
Coffee, Talk, Walk.	Client and CSW created a list of low cost alcohol and drug free social activities with-in the community.
CSW and client developed a budget.	Client is extremely concerned about pending bankruptcy due to the consequences of her addiction. CSW researched and provided client with the telephone number for the local consumer credit counseling agency. Assisted the client in scheduling an appointment to meet with the agency and discuss her financial needs.
CSW and client discussed the side effects of his psychotropic medications, and developed a medication management plan.	Client approached CSW about side effects of medication CSW referred to nurse. (Documented but not Billed)
Update Referral Sources	CSW Prepared and mailed update letters to Juvenile Officer as requested. See attached copy of letter in chart. Or CSW phone call to Juvenile Officer. Discussed planned discharge date and current recommendations for aftercare which include... (This note needs to include the unique details of the phone conversation)

Specific Recommendations regarding Employment

Employment has not historically been a focus or stated goal for DMH consumers, particularly those receiving substance abuse or mental health treatment services. The standard approach was to address the consumer's addiction or mental illness, and in doing so, it was assumed employment would take care of itself because of the consumer's increased self-esteem and level of functioning.

Because of the importance of employment in the recovery process and in achieving self-sufficiency and a sense of independence, it is imperative that vocational services be incorporated into treatment and habilitation planning. Research indicates that employment before or during treatment predicts both longer retention in treatment and the likelihood of successful outcomes.

1. If Appropriate ensure that employment goals are incorporated into the treatment planning and person-centered process.
2. When Appropriate connect clients to employment resources such as; Vocational Rehabilitation, Workforce Development Boards, and Employment offices.
3. Provide info about transportation options for consumers who want to work, particularly in rural areas where this is a barrier to employment.